DATELY AND LOATION OFF DETERMINATION DECOME												IIIDE:		
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2003									10815281					
CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	R THAN		
(Calumn 1) (Calumn 2)								TYPE		OF		ENTITY		
T	OTAL CLAIM	S		28			1	RATE	FEE	٦	RATE	FEE		
L	00						l			$\dashv \cdot$				
FOR .			NUMBE	NUMBER FILED NUM		BER EXTRA	BASIC F		EE 385.00	∐ 0∌	BASIC FEE	770.00		
T	OTAL CHARGE	2 & minus 20= 8				.	XS 9=		OR	X\$16=				
IN	DEPENDENT (CLAIMS .	6 minus 3 = 3					X43=			X86=			
М	ULTIPLE DEPE	NDENT CLAIM	RESENT .						+	OR		 		
								-145=		OR	-290≥			
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL			
OLAIMS AS AMENDED - PART II										_	OTHER	THAN		
\underline{Y}	112/115	(Column 1)	. •	(Column 2) (Column 3)				SMALL ENTITY			SMALL ENTITY			
4	1	CLAIMS REMAINING		HIGHI		PRESENT	ſſ		ADDI-] [ADDI-		
É	. .	AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL	1 .	PATE	TIONAL		
¥	Total	-7 C	16	PAUL	OH		-		FEE	1.		FEE		
AMENDMENTA		1.0/8.	Minus	1-0			L	X\$ 9=		OR	X\$18=			
¥	Independent	ENTATION OF M	Minus					X43=		OA	X86=			
	I PINST PHESI	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					Γ	+145=		1	+290≖			
		•	•				L	TOTAL	ļ	OR	YOTAL			
				•	•		A	DOIT. FEE		OR,	ODIT. FEE			
_		(Column 1)	,	(Colum		(Column 3)				٠.				
0	1/13/86	REMAINING AFTER AMENDMENT	Minus	HIGHE NUMB		PRESENT			ADDI-		RATE	ADDI-		
<u>ב</u>				PREVIO		EXTRA			TIONAL			TIONAL FEE		
AMENDMENT B	Total			- 21	~ ·		-			ŀ		_FEE_		
	Incependent		Minus	- /3	,		L	X\$ 9=	·	OR	X\$18=			
₹	FIRST PRESENTATION OF MULTIPLE						L	X43=		OR	X86=			
	•	•		•		•	L	TOTAL		OR	TOTAL			
•							AD	DIT. FEE	لببا	OR,	ODIT. FEE			
		• •	• •		•									
د	`	CLAIMS REMAINING		MIGHE		PRESENT	Γ		ADDI-	ſ		ADDI-		
2		AFTER AMENDMENT		PREVIOU	SLY	EXTRA	1	RATE	TIONAL		RATE	TIONAL		
Ĕ	Total		9.62	PAID FO	JIT .		\vdash		FEE	-		FEE		
AMENUMEN! C		•	Minus	*		-	1	(S 9=		OR	X\$18=	•		
Ę	Independent . Minus FIRST PRESENTATION OF MULTIPLE DE		Minus	***		•		K43=		OR	X86=			
_	TINS I PRESE	NIATION OF MU	LTIPLE DEP	ENDENT C	MIAL					~~ }				
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									•	OR	+290=			
~ #	the Highest Nur	nber Previously Pai	id For IN THIS	SPACE is a	es than	20 anser 220 *		YOTAL		OR .	TOTAL	·		
_	the Highest Nur	mber Previously Pa ber Previously Paid	id For' IN THE	S SPACE IL I	ess than	3. ansay 13.		OT. FEE			DOIT. FEE L			
		, ,, ,	1.00m A			· were consisted	•	at nes etit	zahris oo	CUIL	17 20 1.			